MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

107535401

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

						(CLAIN	1S						
		AS FILED		AFTER 1"AMENDMENT		AFTER 1 "AMENDMENT			AS FILED		AFTER 1"AMENDMENT		AFTER	
	IND	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	
1 2	 	1	1		 	 		51				DDI.	IIVD.	DEP.
3		Ź	 		 		1	52	 					
4					 	1	i	53 54	 					
5	_	NA WARA				1	1	55	 					
6		12					1	56	 					<u> </u>
8	- 	<u> </u>]	57						
9	-	18				 	.	58						
10	1 /	-	 			ļ	ł	59						
11	1		 			 	l	60						
12		1				 		61						
13		2				1		62 63	 					
14								64.	 	<u>_</u>				
15	ļ	1-7-						65	 			f		
16	 	2 2 2 2 3 3						66		 [
17	 	╀ॅॅ┤						67				 [
18 19	 	Nanna Nannan	-					68				 		
20	 	 /-/						69						
21		1 2 I				 		70						
22	1	+2-				}		71						
23		1-~			ļ			72 73						
24				-				74						
25		•						75		 }	 -			
26	 						ł	76						
27							ı	77				 -		
28	 						[78						
29 30	 	 					- 1	79						
31	 	 						80						
32	 						ŀ	81						
33	i			$\overline{}$			ł	82 83				 1		
34							ŀ		 +		<u> </u> -			
35							ı	85		 }-				
36	<u> </u>						Ì	86		$\overline{}$	 -			
37							- [87					•	
38 39								88					-+	-
40							1	89		-				
41			- -				ŀ	90						
42 .				-			ł	91 92						
43							ŀ	93						
44					•		ı	94					}	\longrightarrow
45		 						95						
46 47							1	96						
47							-	97		$-\!$				
49						\longrightarrow	-	98						
50						$\overline{}$	F	99 100						
OTAL IND.	رع	4		A		*	ļ.	OTALEXO.		#	_	\$		4
OTAL DEP	34	(3)		21		♦ ■	·	OTAL DEP		(2		ter -		(=
TOTAL CLAIMS	371				7		F	TOTAL						
	-/-						L	CLADES					<u> </u>	A-2015
PTO - CVA	mer im								U.	S. DEPARTM	ENT of COM	MERCE		- 1